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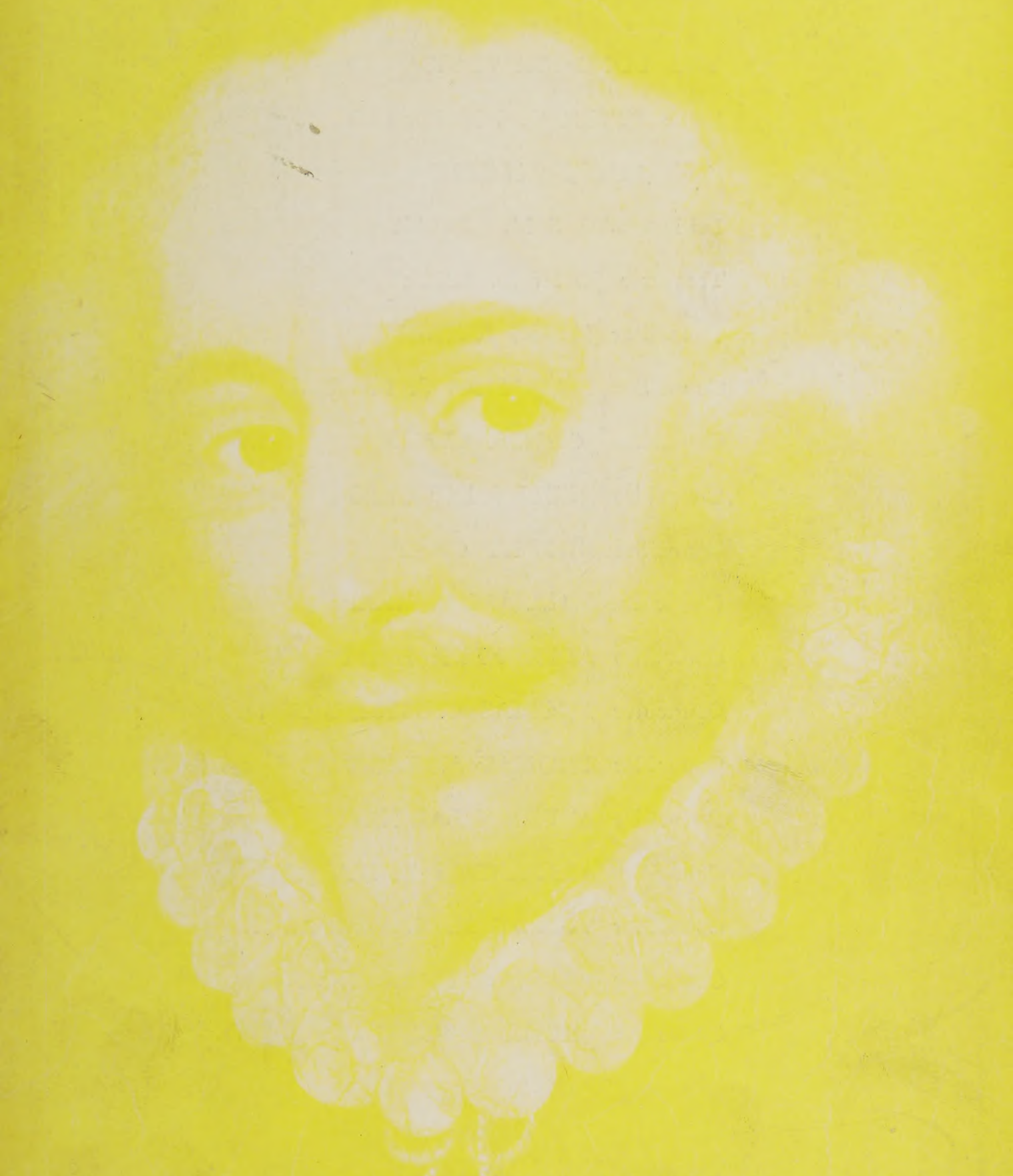

MEDICINE IN HISTORY

COMMEMORATING THE 350TH ANNIVERSARY OF
THE ROYAL FACULTY OF PHYSICIANS AND
SURGEONS OF GLASGOW

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GUIDE

TO THE EXHIBITION

26th November 1949 — *31st January 1950*

MEDICINE IN HISTORY

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TO COMMEMORATE THE 350TH ANNIVERSARY
OF
THE ROYAL FACULTY OF PHYSICIANS AND
SURGEONS OF GLASGOW

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FOREWORD

This Exhibition has been organised as part of the celebrations to commemorate the 350th Anniversary of the Royal Faculty of Physicians and Surgeons. It is intended primarily to indicate the development of scientific methods in medicine, surgery and dentistry, and we feel it ought to have a special interest for Glasgow citizens and visitors to our City.

An Exhibition of this nature entails a great deal of organisation, and the chief credit for this belongs to Dr. Stuart Henderson and Mr. J. G. Scott who have been responsible throughout ; and I am sure that they would wish me to pay special tribute to Dr. A. L. Goodall, Honorary Librarian of the Faculty, for his co-operation and invaluable counsel.

The Art Gallery and Museums Committee wishes to acknowledge the services in various directions of the following :—

Institutions

The Royal Faculty of Physicians and Surgeons of Glasgow
The University of Glasgow
The Western Infirmary
The Incorporation of Barbers
The Royal Medical Society, Edinburgh
The Royal College of Physicians, Edinburgh
The Wellcome Historical Medical Museum, London
The Glasgow Royal Cancer Hospital
The Royal College of Surgeons, Edinburgh
The Glasgow Royal Mental Hospital
Messrs. Vicarey, Davidson & Co.
Scottish Headquarters, British Red Cross Society

Individuals

Dr. J. Menzies Campbell
Dr. Ernest G. Fortune
Dr. A. L. Goodall
Dr. W. G. Harrington
Dr. P. R. Peacock
Dr. C. H. Spiers
Dr. Douglas S. Stevenson, and the Trustees of the late Professor J. H. Teacher

It is to be noted that this guide is not a catalogue—the Exhibition numbers upwards of 750 items, and it has been possible only to single out a few for special comment.

T. J. HONEYMAN,
Director.

INTRODUCTION

THE HISTORY OF THE ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

A. L. GOODALL, M.D., F.R.F.P.S.G., F.R.C.S., D.P.H.,
Hon. Librarian, the Royal Faculty of Physicians and Surgeons

The Royal Faculty of Physicians and Surgeons is one of the Medical Corporations which, equally with the Universities, has power to grant licences to practise medicine and to award higher medical diplomas. It is unique in that it embraces in its Fellowship both physicians and surgeons. It was founded in 1599 by a Charter granted by King James VI to " Maister Peter Low with the assistance of Mr. Robert Hamiltone, professoure of medecine." Before this time any person could practise as a doctor without let or hindrance, and without being responsible for the not infrequent evil consequences of his treatment. In 1910 King Edward VII graciously granted the privilege of using the title " The Royal Faculty of Physicians and Surgeons."

The object of the foundation of the Faculty was the protection of the lieges from " ignorant, unskillit and unlernit " men who practised surgery to the detriment of the population. It was a body which determined whether a practitioner was of good moral character and sufficiently educated for the profession of medicine. Its other duties included the inspection of drugs sold in the city and surrounding country and the medico-legal examination of all persons dying in suspicious circumstances. By its Charter, the Faculty had jurisdiction in Glasgow and a wide area of the West of Scotland closely corresponding to the area of the modern Western Regional Hospital Board. For 250 years it acted as the supervisory authority of all medical practice in the West of Scotland.

In more recent times it has acted as one of the Licensing Bodies under the Medical Acts. It grants a Fellowship by examination in medicine or surgery for specialists. It is also a licensing body for dentists and awards certain specialist diplomas. The Faculty elects a representative to the General Medical Council. The great majority of specialists in Glasgow and the West of Scotland are Fellows of the Royal Faculty and, through it, their advice is available to the Government on all matters of medical interest.

Thus the Faculty, since its foundation, has had two major responsibilities: firstly to the public of Glasgow and the West of

Scotland, and secondly to the medical profession in general. The protection of the public from unlicensed quacks and charlatans was the most important early work of the Faculty, and it was vigorously performed. Incidentally, it is interesting to note that, as lately as 1912, a reverend gentleman who cured all diseases for £1 1s., and cancer and tuberculosis for £3 3s., had to be prosecuted. In matters of public interest, the Faculty has frequently voiced its opinion and, during the last century, many petitions were sent to Parliament regarding proposed legislation.

In the Charter, the members of the Faculty were required to visit " pure, disaisit folkis gratis " and they thus formed the earliest medical charity of Glasgow. They were obliged to convene on the first Monday of each month for this purpose. The Faculty meetings still take place on the first Monday of each month and the minutes invariably end with the phrase, " The poor were visited gratis and the Faculty adjourned." At first the whole meeting formed a dispensary but later the members took it in turn to attend the sick poor. With the rise of the hospitals, the necessity for this dispensary became less but an important gap in the medical services was filled by the establishment at the Faculty Hall of a vaccination station in 1801 which continued until 1896. Recently the duty of treating the sick poor gratis has been fulfilled by the work of the Fellows in voluntary institutions.

The present role of the Royal Faculty is mainly concerned with the administration of the medical services from a professional point of view and with the provision of facilities for the higher education of medical men. Through it all branches of the profession are represented on the numerous public committees dealing with matters of health and sickness. By exercising a critical review of these matters it serves as the guardian of the profession and the public.

The evolution of the hospital system of Glasgow was largely influenced by the fact that the Faculty was represented on the boards of directors of all the voluntary hospitals of the city. Its expert advice ensured that the development of hospital services was along sound medical lines. Not only the hospitals but many other local bodies called for Faculty representation including the Royal Technical College, the School of Art, the City of Glasgow Society of Social Service and Baillie's Institution. In the new National Health Scheme, the Faculty is no longer directly represented on Hospital Boards, but it is consulted regarding nominations to all the major committees.

This, in brief, is the record of the services rendered by the Faculty to the Community in Glasgow and further afield for 350 years.

I. PORTRAITS

ANDREAS VESALIUS (1514—1564), a native of Brussels, came of a medical family. He studied medicine in Paris under Sylvius and Guintner, and was appointed professor of surgery and anatomy at Padua in 1537. The portrait shown was traditionally ascribed to Titian, but it is now believed to be by Tintoretto.

WILLIAM HUNTER (1718—1783), founded the Windmill Street School of Anatomy in London and became a famous obstetrician. His museum was bequeathed to the University of Glasgow, together with £8,000 for the erection of a suitable building. He was an Honorary Fellow of the Faculty.

SIR WILLIAM MACEWEN (1848-1924), was closely connected with Glasgow hospitals all his life. He developed the aseptic technique in surgery and did important work on the development and growth of bone.

JOHN MORRISON of Craigends, Millerston, was a member of the firm which built the first Royal Infirmary in 1792. The architects were the famous Robert and James Adam.

ROBERT CLEGHORN (1755—1821), by Sir Henry Raeburn. Robert Cleghorn was President of the Faculty from 1789 to 1791, one of the first two physicians to attend the Royal Infirmary of Glasgow, and the first physician to the Glasgow Royal Mental Hospital from 1814 to 1819.

WILLIAM CULLEN (1710—1790), President of the Faculty from 1747 to 1749. He was appointed professor of medicine at Glasgow University in 1751, and with Joseph Black, founded the Glasgow School of Medicine.

JOSEPH BLACK (1728—1799) was a pupil of William Cullen and succeeded him as professor of chemistry at Glasgow and Edinburgh. He discovered how to obtain carbon dioxide from mild lime, and also carried out research on latent heat. He was President of the Faculty from 1765 to 1766.

ROBERT WATT (1774—1819) began life as a ploughman. He lectured on medicine and formed a catalogued medical library which was enlarged to form the Bibliotheca Britannica. He was President of the Faculty from 1814 to 1816.

SIR GEORGE BEATSON founded the St. Andrew's Ambulance Association in 1882 and wrote an ambulance handbook which was in use for many years.

JAMES SYME (1799—1890) performed many operations not attempted in Scotland before his time. He established a surgical hospital in Minto House, and was appointed to the chair of clinical surgery at Edinburgh University in 1833, and became one of the foremost surgeons of Europe. His daughter Agnes married Joseph Lister.

TOBIAS GEORGE SMOLLETT (1721—1771), a ship's surgeon who became a successful author. One of his books, " Roderick Random," deals with the hard life in the navy in his time.

II. CHARMS — CASE 1

Superstition dies hard—perhaps even in this modern world, belief in charms as a remedy for, or a protection against, physical ills and ailments is not yet dead. One at least of the charms on display, which come from all parts of the British Isles, was in use as recently as 1890 ; no doubt others could be found to-day.

TWIGS OF ASH, in a silken bag: a cure for fits. S. Devon. Case 1, No. 1

" AIRNE MOIRE," or Virgin Mary nut, a Highland charm made from the seed of the Sword Bean. Used in the Island of Harris, Outer Hebrides, for about twenty years (1870-1890) in relieving pains of various kinds. Case 1, No. 2

III. EARLY BOOKS ON MEDICINE — CASES 2, 3, 4

HIPPOCRATES the Greek (460—c. 355 B.C.), born in the little island of Cos, near the coast of Asia Minor, has been called " the greatest physician of all times." He set a high standard of ethical conduct for those who took up what he named " The Art " of medicine. He was a careful observer, accurately setting down what he saw.

Works of Hippocrates, first complete Greek edition, printed by Aldus of Venice, 1526. Case 2, No. 1

AVICENNA the Persian (980—1037 A.D.), born near Bokhara, was appointed Court Physician at the age of eighteen. Though he worked hard, he loved wine and minstrelsy, which has led certain writers to identify him with Omar Khayyam.

THE CANON OF MEDICINE, by Avicenna, Latin edition, published in 1522. In this great work, which exercised a profound effect on European medicine, Avicenna tried to reconcile the teachings of Galen and of Aristotle. Case 2, No. 2

MONDINO DE LUZZIO or MONDINUS (c. 1275—1326 A.D.) was born and taught at Bologna. He succeeded in overcoming the mediaeval prejudice against anatomy to such an extent that anatomy became recognised as the essential basis of the medical curriculum.

ANATOMY, by Mondinus, published at Padua in 1478. This work, which appeared in manuscript in 1316, remained the standard textbook for 200 years. Case 2, No. 3

ANDREAS VESALIUS of Brussels (1514—1564), the foremost anatomist of the Renaissance, placed the knowledge of anatomy on a sound footing by exposing the errors in the teaching of the day. After studying in Paris, he was appointed professor of surgery and anatomy at Padua in 1537. His great work " De Humani Corporis Fabrica " was published in 1543 ; the description of the structures in the fine anatomical plates marks a great advance on any previous work.

DUORUM DE HUMANI CORPORIS FABRICA LIBRORUM EPITOME, by Vesalius, 1543 ; now a very rare work.
Case 2, No. 4

THOMAS VICARY (1495—1561) became chief surgeon to King Henry VIII and the first Master of the United Company of Barber Surgeons, formed by the union in 1540 of the gilds of surgeons and barber surgeons.

A TREASURE FOR ENGLISHMEN, by Thomas Vicary, 1596 : the first textbook of anatomy to be written in English. Case 3, No. 1

JOHN BANESTER (1533—1610), one of the most eminent of the Barber Surgeons, practised also as a physician at Nottingham and London.

COMPENDIOUS CHIRURGERY, by John Banester, 1585.
Case 3, No. 2

WILLIAM HARVEY (1578—1657), physician to both James I and Charles I, revolutionised medical science and laid the foundations of modern practice by his " Anatomical Treatise on the Movement of the Heart and Blood in Animals," in which he propounded his theory of the circulation of the blood.

EXERCITATIO ANATOMICA DE MOTU CORDIS ET SANGUINIS IN ANIMALIBUS, by William Harvey, printed in Frankfort in 1628. Case 4, No. 1

IV. LATE XVIIIth AND EARLY XIXth CENTURY MEDICAL CARICATURES CASES 5, 7, 9

Introduction to his collection by Dr. C. H. SPIERS

The late eighteenth and early nineteenth centuries in England and abroad were noted for the activities of numerous vigorous caricaturists —in England Gillray, Newton, Rowlandson, Woodward, the Cruikshanks, besides a host of anonymous ones. Doctors, quacks and patent medicines did not escape their attention and we have amusing prints dealing with a variety of topics from the size of physicians' bills to the preposterous claims of quack medicines. Rowlandson, that witty and shrewd observer of life high and low, left many drawings of medical interest. One depicts Dr. Brodum, a quack who set up in London, off the Blackfriars Road, and sold a Nervous Cordial and a Botanic Syrup. Brodum claimed to have a diploma from the Marischal College, Aberdeen, but Rowlandson evidently thought little of his skill. Another

Rowlandson drawing shows a physician dispensing medicines and depicts all the paraphernalia—chevrette, balance, funnel, mortar and so forth.

HODGSON'S GENUINE PATENT MEDICINES—Infant's Preservative.	Case 5, No. 1
THE DOCTOR'S BILL.	Case 5, No. 2
ROWLANDSON: Dr. Brodum and his assistant at work.	Case 7, No. 1
GILLRAY: Metallic Tractors.	Case 9, No. 1
ROWLANDSON: The Physician.	Case 10, No. 1

V. PHARMACY AND MEDICINE CASES 6, 7, 8, 9, 10

Introduction to his collection by Dr. C. H. SPIERS

The employment of drugs is one of the oldest methods of treating illness and it retains its importance to-day. The history of pharmacy is therefore intimately bound up with that of medicine.

The usage of drugs implies methods for preparing and administering them and hence a section of this exhibition is appropriately devoted to the work of the pharmacist and to sick room appliances, especially those connected with the administration of medicinal preparations.

The objects exhibited cover a period from about 1450 to about 1825—from the Renaissance to the early days of the Industrial Revolution. During these years people liked to have articles of common use well made and highly decorated and these were accordingly often made by artist-craftsmen so that in many cases they attained the status of veritable works of art. Pharmacies were often established by monarchs, reigning dukes, noblemen and religious orders and they were therefore elegantly furnished, reflecting the wealth and taste of the founder and the artistic and technical skill of the age. Some of these old pharmacies still exist, especially in France, with their panelling and richly carved shelves and cupboards, still bearing their original pharmacy jars. Sick room appliances and the instruments used by physicians and surgeons too were elegantly decorated.

A collection of pharmaceutical and medical paraphernalia will therefore have the double interest of showing what sort of equipment was used and of exhibiting the artistic and technical skill of various countries at various times. The present selection of objects is designed to show the kind of apparatus used in the preparation and administration of medicine in the past and in a small way to demonstrate how beautiful that apparatus often was. Whilst many of the objects shown are indeed attractive, they do not by any means represent the best of the efforts of the craftsmen in metal, stone, wood, glass or earthenware on behalf of the pharmacist or physician ; the really fine examples find places in museums on their merits as objets d'art.

The raw materials of the pharmacist—his roots, barks, berries, flowers, his viper's fat and crab's claws, his Bezoar stones—and the

syrups, unguents, lohochs, waters and wines, that he made from them had to be stored, and dispensed in containers. These have been made of glass, stone, alabaster, earthenware, metal or even wood. In the middle ages the art of glazing earthenware with a white, tin glaze, capable of being painted, passed from the East to Europe ; such glazed pottery came to be known as Majolica or, in England and Holland, as Delft. A certain type of tall waisted majolica container, called an " Albarello," signifying its Eastern origin, was adopted by the pharmacist for storing his solid materials, whilst a second spouted type, often called, especially in France, a " Chevrette," was used for syrups, tinctures and other liquids. Pharmacies were furnished with sets of albarellos and chevrettes, usually, but not always, bearing the name of the drug, and often exceedingly beautifully decorated with painted designs, especially when they were part of the equipment of a royal or religious foundation, in which case they might bear a coat of arms or a religious emblem. The heyday of decoration is represented by Italy and Spain during the fifteenth and sixteenth centuries. The drug jars of each country had their special characteristics in the way of shapes and decorations. In Germany during the eighteenth century, glass jars and bottles with enamelled labels and wooden containers were made.

VENETIAN PHARMACY JARS : a pair dated 1578. Case 6, Nos. 1 and 2
FLORENTINE JAR : XVth century. Case 6, No. 3
HISPANO-MORESQUE JAR : copper lustre : XVIth century. Case 6, No. 4
DUTCH ALBARELLO : coloured : second half of XVIth century. Case 6, No. 5

The mortar, used for breaking up, crushing, grinding and mixing materials, is an essential piece of equipment for the pharmacist, so important that it has been often used as a symbol of his art. Mortars have been made of a variety of materials—stone, marble, agate, porphyry, earthenware, ivory, glass, woods of various kinds, bronze, bell metal, brass and iron. Many were of marble choicely carved, but the majority were, especially in Renaissance times, of bronze or bell metal, beautiful specimens of the founder's art, often bearing elaborate decoration and inscriptions giving the name of the owner or founder and a date. The XVIIth and XVIIIth century wooden mortars likewise exhibited the fancy and skill of the wood turner.

MARBLE MORTAR : Italian, XVth or XVIth century : carved with figures of soldiers and charioteers. Case 7, No. 2
BELL METAL MORTAR : Dutch, XVIIth century : bears the inscription Amor Vincit Omnia, 1676. Case 7, No. 3
LIGNUM VITAE MORTAR : English, XVIIIth century. Case 7, No. 4
POTTERY MORTAR : English, made by Neale and Co., 1778-1787. Case 7, No. 5

In England the art of making majolica or Delft did not develop until the end of the XVIth or the beginning of the XVIIth centuries, and the English drug jars, which were made until about 1750, had a rather pleasing chubby form and bore simpler and less varied decoration almost invariably in blue. Ointments were dispensed in small earthenware pots sometimes bearing the name of the chemist or of the unguent.

These were often thrown away after use and many have been recovered from the London soil during excavations for buildings.

Amongst the implements used in the dispensing of medicines is the pill slab, made of tin glazed earthenware at Lambeth in the XVIIIth century and bearing the arms of the Apothecaries Company. It is uncertain whether these slabs were used for rolling out pills, as the name suggests, or whether they served as professional signs.

PILL SLAB: Lambeth: XVIIIth century. Case 8 No. 1
SPOUTED CHEVRETTE: "Angel" type, c. 1665; probably Lambeth. Case 8, No. 2
DRUG JAR: "Apollo" type, c. 1700; probably Lambeth. Case 8, No. 3
DRUG JAR: "Cherub" type, c. 1720; probably Lambeth. Case 8, No. 4

Unorthodox medicines have always attracted the ailing, and eighteenth century London brought fame and wealth to quacks of all kinds. The advertisement, dated 1808, shows the variety of patent medicines then available. These were often quite expensive and many were sold at booksellers'. Typical bottles and packages are shown—D'Alby's Carminative, Dr. Webster's Duplex Anglicanum, Dr. James's Powder, Springer's Candy, Dr. Roberts' Poor Man's Friend. A curious quack appliance is exemplified by Perkin's Metallic Tractors, invented by the American, Elisha Perkin, in 1795 and exploited first in America and then in England by his son Benjamin at five guineas a pair. These tractors comprised two tapering metal rods, about three inches long, one of brass and the other of iron. These were rubbed on the affected part, thus drawing the illness out. Gillray made them the subject of a caricature.

Certain sick room appliances used to-day have a long ancestry. We can perhaps divide them into two classes—those used in connection with the removal of fluids, etc., from the body and those used in connection with the administration of foods and medicaments.

Amongst the first class we have bleeding bowls, bed pans and breast feeding devices. One brown glazed earthenware English bleeding bowl, dug up in London, may be as old as the thirteenth century. The XVIIth century Lambeth white glazed barber-surgeon's bowl reminds us of the surgical activities of the barber. The bed pan is an old device, as the Tudor example demonstrates. There is also a small early XIXth century silver breast protector used in suckling infants. A case of surgeon's lancets in a silver mounted shagreen case may also be included under this heading.

BARBER-SURGEON'S BLEEDING BOWL: Lambeth, white-glazed; XVIIth century. Case 9, No. 2
BLEEDING BOWL: Lambeth, Bleu Persan, c. 1680. Case 9, No. 3
BLEEDING BOWL: English, brown-glazed earthenware; possibly XIIIth century. Case 9, No. 4
BED PAN: earthenware, Elizabethan. Case 9, No. 5
D'ALBY'S CARMINATIVE MEDICINE BOTTLE. Case 9, No. 6
Dr. WEBSTER'S DUPLEX ANGLICANUM MEDICINE BOTTLE. Case 9, No. 7
METALLIC TRACTORS: original case. Case 9, No. 8

Amongst devices of the second class we have feeding cups. One of the earliest types is represented by the posset pot which seems to be a characteristic of XVIIth and XVIIIth century England. Posset was an invalid's drink made from milk, curdled with ale or wine and flavoured with spice. It was taken hot from lidded and spouted vessels. The spouted posset pot is perhaps the ancestor of the later feeding cups with more defined spouts, examples of which, made of glass, earthenware and pewter, are shown. The pewter castor oil spoon is an early XIXth century device for administering something less pleasant. Measures of horn and of glass and a charming XVIIIth century funnel of twisted glass are shown.

Eye baths were common in the XVIIIth century and these were made of glass, earthenware and porcelain, the latter often being especially elegantly decorated. Singleton's eye ointment is a remedy which has persisted from the XVIIth century to the present day and an early ointment pot is shown. Georgian spectacles were often beautifully made from tortoiseshell or silver and were contained in charming neatly made cases of tortoiseshell or of silver mounted shagreen.

The physician used various syringes of pewter, ivory and bone, and in the XVIIIth century there was a great vogue for the use of the enema or clyster. The small ivory figure of a doctor carrying a clyster typifies this fashion.

POSSET POT AND LID: Lambeth, c. 1680. Case 10, No. 2
FEEDING CUP: Liverpool Delft, c. 1760. Case 10, No. 3
FEEDING CUP: late Spode, 1847-1867. Case 10, No. 4
FEEDING CUP: pewter, Victorian. Case 10, No. 5
EARTHENWARE EYEBATH: Niederwiller, c. 1800. Case 10, No. 6
PORCELAIN EYEBATH: Caughley. Case 10, No. 7
SINGLETON'S EYE OINTMENT POT: XVIIth or XVIIIth century. This firm is still in business to-day. Case 10, No. 8
GLASS FUNNEL: English, XVIIIth century. Case 10, No. 9
GLASS MEDICINE MEASURE: early XIXth century. Case 10, No. 10
HORN MEDICINE MEASURE: early XIXth century. Case 10, No. 11
SMALL IVORY FIGURE OF DOCTOR WITH CLYSTER: XVIIIth century. Case 10, No. 12

VI. INTRODUCTION TO DENTAL EXHIBITS
CASES 11, 12, 13

From the writer's collection, by J. MENZIES CAMPBELL, F.R.S.E., D.D.S., L.D.S.

The origin of dental practice is shrouded in the mists of antiquity.

When his teeth became painful, primitive man, doubtless, relied on priestly influence and mysticism as curative agents; and, in these, incantations and amulets predominated.

Egypt is recognised as the cradle of dentistry. Herodotus, writing *c.* B.C. 440, recorded that, during his travels there, he had found specialists for the teeth. This is the earliest authentic reference to such practitioners in any country.

In days gone-by, waxes, pastes, gold-leaf and lead were used for filling teeth.

A red-hot wire was a favourite remedy to be applied for relieving pain in an aching tooth.

Forceps were first used for extracting teeth. Later, they were superseded by the Pelican, which, in time, was replaced by the Key, and, later, by a return to Forceps.

Early artificial dentures were carved entirely from bone, or elephant or hippopotamus ivory. Sometimes, the teeth of animals were fixed to a carved ivory base. So, too, were human teeth, extracted by "Resurrectionists": or similar ghouls, who prowled the various battlefields.

For many centuries, the Tooth-drawer, although of lowly status, was a colourful personality in this country. Many such, about the mid-XVIIth century, became known as Operators for the Teeth; and confined their activities to cleaning and extracting teeth, and inserting artificial substitutes.

In 1685, there was published, in York, the first English dental book, "The Operator for the Teeth," written by Charles Allen.

Pierre Fauchard, born 1678, was the founder of modern dentistry. Prior to his period, dental practice was, more or less, empirical. His work, "Le Chirurgien Dentiste," published in Paris in 1728, markedly raised the status of dentistry.

In spite of advances and recessions throughout the intervening years, "Tait's Magazine," in 1838, stated " . . . Dentistry, as we find it called, is growing into a profession." Nevertheless, a tail-piece was, ungraciously, added, "Great rogues many of them are." Fortunately, time has effaced such an accusation.

CASES OF INSTRUMENTS. These were frequently sold by dentists to patients for removing food debris and tartar from the teeth. Case 11, Nos. 1-6

CASES OF INSTRUMENTS. These were used by dentists, when visiting patients, for the purpose of filling or scraping the teeth. In the XVIIIth and early XIXth centuries, considerable dental practice was executed in the patients' homes. Case 11, Nos. 7-14

BOW-STRING DRILL. A superb example of the work of Evrard, probably the finest instrument-maker of the XIXth century. Case 11, No. 15

PELICAN. So termed, because its claw resembled the beak of a pelican. First known illustration is in Giovanni Arcolani's work, 1542. Case 12, No. 1

KEY. Handle unscrews for use as an elevator, which was placed against the tooth, and blows applied to it with a mallet, in order to effect loosening, before extraction. Case 12, No. 2

FORCEPS. Displays a very high degree of craftsmanship. Case 12, No. 3

FORCEPS. When its dental career had ended, it was used on a desk to seal documents! Strikes a heraldic note. Case 12, No. 4

FORCEPS. This remarkable instrument is fitted with a most unusual gadget for tightening the beaks on a tooth. Case 12, No. 5

FORCEPS. The ingenious spring-screw was fixed in a buried root, before the beaks were applied. Case 12, No. 6

FORCEPS. When the beaks encircled the neck of the tooth, the ivory-covered fulcrum rested for leverage on an adjoining tooth. Case 12, No. 7

PUNCH. The extremities of this instrument could, by means of a sliding ring on its shaft, be adjusted to suit circumstances. Used for removing buried roots. Case 12, No. 8

DENTURES WITH SPRINGS. Most dentures were fitted with " springs " of spiral gold wire, secured by means of headed pins. By exerting a constant pressure, they (clumsy and unhygienic) were intended to stabilise the dentures. Case 13, No. 1

FULL UPPER AND LOWER DENTURES. The work of De Chémant. The English Patent was granted on 11th May, 1791. Although crude to the modern eye, (incidentally, De Chémant's fee for a set was 50 guineas), they were, nevertheless, a marked improvement over all existing dentures, which, after constant wear, became very foul. Case 13, No. 2

VII. DEVELOPMENTS IN RADIOLOGY CASES 14, 15

Dr. P. R. PEACOCK

X-rays were discovered in 1895 by Professor Wilhelm Konrad Röntgen at the University of Wurzburg in Bavaria. He was studying high voltage electric discharges through an evacuated glass tube and noticed that certain salts became luminous or fluoresced when near to the tube even if it was covered with black papers. In other words, some invisible force was coming out of the tube and reaching the fluorescent salts. He showed that this " something " could throw a shadow and was in this way similar to visible light. It is now known that X-rays form part of a spectrum of radiations all of which travel through space at the same speed as light, 186,000 miles per second. Such radiations can be distinguished by their wavelength and by their varying power of penetrating different kinds of matter.

The wavelengths of X-rays are much shorter than those of visible light, short enough to penetrate through the molecules of matter so that nothing is completely opaque to them. The penetrating rays however are absorbed by the atoms of which the molecules are composed and as these atoms vary in density the denser absorb more than the less dense. Bones being denser than muscles and skin absorb more X-rays and therefore throw more shadow on the X-ray screen or photographic film.

The earliest X-ray tubes used in medicine consisted of a glass bulb from which almost all the air had been evacuated and containing two metal electrodes, one of which, called the cathode, was curved like a shaving mirror and the other, called the anode or target, was flat and set at an angle to the axis of the tube. The reason for this arrangement is as follows :—when an electric discharge passes through an evacuated tube between two electrodes, electrons are driven at right angles from the cathode or negative electrode to the anode or positive electrode at a speed proportional to the voltage of the discharge ; the greater the voltage the faster the electron stream. When the electrons hit the anode or target, X-rays are generated and leave the surface of the target in all directions with the speed of light. The speed of X-rays is always the same, but their penetrating power depends on their wavelength and this varies inversely as the speed of the electron stream.

By curving the cathode the electrons can be focussed on the anode and thus the X-rays are generated from a point, which can be seen as

a pitted area on the targets of the X-ray tubes. The smaller the focal point the better the shadow picture, just as in the case of shadows thrown by light.

The technical improvements in X-ray tube design are illustrated by the exhibits. These may be summarised as follows:—

1. Use of gas adsorbers in a side tube which on being heated release gas into the tube to vary the quality of the X-rays. Case 14, No. 1
2. Introduction of a hot filament cathode by Coolidge. By varying the current through the hot filament the intensity of the X-rays could be varied. Case 14, No. 2
3. Protection against stray radiations by (*a*) lead glass buckets or by enclosing tube in lead box; (*b*) by built-in ray proofing as in Metallix Tubes. Case 15, Nos. 1 and 2
4. Shock proofing by enclosing all high tension connections to the tube in insulated earthed shields. Case 15, No. 3
5. Enclosing generator and tube in a common insulated shock-proof and ray-proof shield.
6. Development of "super voltage" machines depending upon electron accelerators of revolutionary design, not yet generally available.

Radioactivity

In 1896 one year after the discovery of X-rays, the French physicist, Henri Becquerel, found that salts of uranium spontaneously emit rays that can fog a photographic plate wrapped in black paper. He showed that these rays are similar to X-rays. In 1898 Pierre and Mme Curie found that uranium ore contains a much more active substance which they named Radium. Several radioactive elements occur in nature and quite recently many more have been made artificially. These substances spontaneously give off rays similar to X-rays but of even shorter wavelength.

Both X-rays and rays from Radium are extensively used in treatment in cancer and some other diseases.

VIII. THE GLASGOW ROYAL INFIRMARY CASES 16, 17

Dr. W. G. HARRINGTON

The City of Glasgow in the second half of the XVIIIth century was one which was rapidly expanding as her trade increased.

The population in 1712 of 14,000 rose to 100,000 by 1801 and it was to help the sick poor of this expanding population that several good citizens, at the instigation of Professor Jardine and Professor Riddell, decided to build what was to become, with the granting of the Royal Charter by His Majesty King George III in 1791, The Glasgow Royal Infirmary.

The original block, designed by the famous Adam Brothers, and built on the site of the Archbishop's Castle immediately west of the Cathedral, was opened for the reception of the "diseased poor of this City and neighbourhood" on 8th December, 1794; the foundation stone having been laid on 19th May, 1792.

The ever-increasing need for such an Infirmary caused a rapid expansion of the "Royal"—large numbers of fever cases necessitated the building of a Fever Block, and the advances in Surgery made a Surgical Block an essential. Still more was required, and thus after over 100 years of service plans were prepared to rebuild the Royal with a capacity of "at least 600" beds.

The start was made on 24th April, 1907, when H.R.H. The Prince of Wales (afterwards H.M. King George V.) laid the foundation stone of the new Royal, and this mighty task was completed in 1915 without ever closing the doors to the sick. In 1914 a Royal visit was paid by King George V, Queen Mary and Princess Mary to open the front block to commemorate the illustrious reign of Queen Victoria.

In the past 158 years certain outstanding contributions have been made for the benefit of mankind by the Royal Infirmary Staff, who in so doing, have made the Royal one of the greatest "Temples of Healing" in the land.

Two of them, Lord Lister (Surgeon to Glasgow Royal Infirmary 1861-1869) and Sir William Macewen (Surgeon to Glasgow Royal Infirmary 1877-1892), were recognised throughout the world—the former for his work on the antiseptic system of surgical treatment (1865) and the latter for his brain and bone surgery, as well as his perfecting of the "aseptic technique" in performing his operations.

Mrs. Strong, a pupil of Florence Nightingale, was Matron of the Royal when she instituted the first systematic training of nurses in the country, and the Royal Medical School was the first to open its doors to women doctors in 1890.

Dr. John MacIntyre was in charge of the Electrical Department in the Royal, which was one of the first of its kind in the world, and in which he took some of the first X-ray photographs ever to be taken.

But it is by the combined efforts of untold hundreds that the Royal to-day has grown from the years 1794-5 when 276 patients were treated at a cost of £1,779, to a great Infirmary which treats over 17,500 in-patients a year, and over 1,000 out-patients a day, at a cost of £550,000 annually, and whose material assets have been estimated to be worth 6 million pounds.

ARCHITECT'S DRAWING OF THE OLD ROYAL INFIRMARY. Case 16, No. 1

GLASGOW COURIER, 1792: taken from the old foundation stone. Case 16, No. 2

COINS EMBEDDED IN GLASS: taken from the old foundation stone. Case 16, No. 3

PORTIONS OF MUSLIN: taken from the old foundation stone. Case 16, No. 4

FIRST ANNUAL REPORT OF THE ROYAL INFIRMARY. Case 16, No. 5

INVENTORY OF SURGICAL INSTRUMENTS AT THE ROYAL INFIRMARY. 1825. Case 16, No. 6

VISITORS' BOOK OF THE ROYAL INFIRMARY: shows the signatures of King George V and Queen Mary. Case 16, No. 7

MANUSCRIPT JOURNAL: shows entry made by Lister whilst he was at the Royal Infirmary. Case 16, No. 8

TINPLATE CANDLESTICK: used in the Royal Infirmary c. 1850. Case 17, No. 1

TINPLATE BLEEDING BOWL: 6 ozs., used in the Royal Infirmary c. 1850. Case 17, No. 2

PHOTOGRAPH OF THE MEMBERS OF THE FIRST WOMEN'S MEDICAL CLASS in 1890. Case 17, No. 3

X-RAY PHOTOGRAPH, 1896: taken by J. Macintyre at the Royal Infirmary the year following Röntgen's discovery of X-Rays. Case 17, No. 4

PHOTOGRAPH OF THE SECOND X-RAY INSTALLATION IN THE LISTER WARD OF THE ROYAL INFIRMARY. Case 17, No. 5

IX. THE MODERN OPERATING THEATRE CASE 18

In this reconstruction of a modern operating theatre the following items of the latest equipment are shown:—

Vicson operating table.
Shadowless lamp.
Crescent instrument table.
Surgeon's operating stools.
Instrument cabinet, with instruments.
Single basin stand.
Double basin stand.
Mayo's instrument table.
Vicson irrigator stand.
Improved Boyle's anaesthetic apparatus.
Electric instrument steriliser.
Dressing drums.
Glass jar with drainage tubing and tubes of catgut sutures.

X. LORD LISTER CASES 19, 20, 21

Dr. A. L. GOODALL

To attempt to summarise the work of Joseph Lister is no easy feat. His was the type of genius which is almost incomprehensible to lesser mortals and he was the type of man who spared no effort in using his wonderful gifts for the service of his fellow men. His published work consists of 136 articles in numerous scientific journals, an output which could only be sustained by his habit of rising at 5.30 a.m.

Lister was born on 5th April, 1827, at Upton House, West Ham. His father, Joseph Jackson Lister, was a remarkable man, who while a wine merchant found time to add considerably to our knowledge of optics and perfected the microscope. Lister's mother, Isabella Harris, had been a schoolmistress and no doubt helped considerably in the development of his genius. He was born a member of the Society of Friends.

At an early age, Joseph Lister decided to become a surgeon and began his studies in University College in 1844. He graduated B.A. in 1847, and M.B., F.R.C.S. in 1852.

In 1853 he proceeded to Edinburgh for a short visit but, coming under the influence of James Syme, he remained there and married Syme's daughter, Agnes, in 1856.

In 1859 a vacancy occurred for the Professorship of Surgery at Glasgow University and in 1860 Lister was appointed to the post. The regius appointment is shown.

He was elected to the Faculty of Physicians and Surgeons shortly after his arrival in Glasgow and Surgeon to the Royal Infirmary. Here commenced his great work on the germ theory of wounds which was instituted by Professor Thomas Anderson calling his attention to Pasteur's work. Before this time he had looked for the cause of suppuration in the chemical constituents of the air and only after he reached Glasgow did his attention focus on bacteria as he wrote himself in his letter to Dr. G. H. Edington.

The Royal Infirmary had at that time an unenviable reputation. It was overcrowded and sepsis was the rule in surgical patients. Lister did not discover antiseptics nor did he discover carbolic acid. His discovery was a new approach to the problem of sepsis based on the work of Pasteur in that his efforts were made to prevent the entrance of organisms to wounds. This was done by covering the wounds made by various dressings containing carbolic acid. Lister prepared many of these dressings, perhaps the most successful being the lac plaster. He later attempted to purify the air by spraying carbolic acid around the wounds while operating. He discovered the virtues of bookbinders' muslin, now called gauze, and jaconette.

The announcement of his discovery was made in the *Lancet* in 1867. From this time Lister became a man with a single purpose, to teach others the way of avoiding sepsis. With his technique, it became possible to perform miracles of surgery but he rarely stressed these details of the system and often left his assistants to describe new operations which he had performed. He developed the use of the catgut ligature and rendered it harmless by storing it in carbolised oil. Later he produced chromicised catgut which is still in use to-day.

Lister became Professor of Clinical Surgery at Edinburgh in 1869 and at King's College in 1877. He retired in 1892.

Lister's wards in the Royal Infirmary were wantonly destroyed in 1924 but, through the energetic efforts of several Glasgow men, many relics are preserved. The fireplace from his male ward is in the Royal Faculty buildings.

Fortunately Lister lived long enough to see his system universally adopted throughout the world. Honours were heaped upon him, among them the LL.D. of Glasgow University and the freedom of the City of Glasgow. He was made a baronet in 1883 and a peer in 1897. He was one of the original holders of the Order of Merit. He died on 12th February, 1912.

Lister had many admirers in his later years but we, in Glasgow, are proud to remember that Hector Cameron, later Sir Hector, was one of his closest associates and friends. It was Cameron who stood by him in the years of controversy and who fortified his resolution when others doubted.

To few is it given to achieve great fame but Lister not only achieved fame, he deserved it. Glasgow is particularly proud of her association with him and indeed grateful to "Lister, the friend of man."

FROCK COAT, worn by Lister. Case 19, No. 1
GOWN, belonging to Lister. Case 19, No. 2
SILK HOOD, belonging to Lister. Case 19, No. 3
VELVET HOOD, belonging to Lister. Case 19, No. 4
SILVER CLARET JUG, used by Lister. Case 19, No. 5
ORIGINAL LISTER CARBOLIC SPRAY: Royal Infirmary. Case 20, No. 1
SURGICAL INSTRUMENT CASE, used by Lister. Case 20, No. 2
ROLL OF SURGICAL INSTRUMENTS, used by Lister. Case 20, No. 3
SET OF BOUGIES, belonging to Lister. Case 20, No. 4
SPECIMEN OF LISTER'S ORIGINAL CATGUT, in bottle. Case 20, No. 5
SPECIMEN OF LISTER'S JACONETTE FOR DRESSING WOUNDS. Case 20, No. 6
SPECIMEN OF LISTER'S LAC PLASTER CARBOLIC DRESSING, and container. Case 20, No. 7
MODEL OF THE OPERATING TABLE USED BY LISTER, 1861-9. Case 20, No. 8
MICROSCOPE, belonging to Lister. Case 20, No. 9
REGIUS APPOINTMENT OF LISTER TO THE CHAIR OF SURGERY IN GLASGOW UNIVERSITY, 13th February, 1860. Case 20, No. 10
FACULTY CONGRATULATIONS TO LISTER, on the occasion of his eightieth birthday. Case 20, No. 11
ROYAL INFIRMARY CONGRATULATIONS TO LISTER, on the occasion of his eightieth birthday. Case 20, No. 12
LETTER OF LISTER TO DR. EDINGTON, in which Lister confirms that it was after coming to Glasgow that his interest in antisepsis began ; dated 15th December, 1902. Case 20, No. 13
DIORAMA OF THE LISTER WARD, Royal Infirmary. Case 21, No. 1
ORIGINAL ROUND TABLE, from the Lister Ward, Royal Infirmary. Centre of hall
PHOTOGRAPH OF THE LISTER WARD, Royal Infirmary, in course of demolition. Case 21, No. 2
PRINT, showing the Lister Ward, Royal Infirmary, in course of demolition. Case 21, No. 3

XI. SIR WILLIAM MACEWEN CASE 22

William Macewen, who was born in Bute in 1848, graduated M.B. at Glasgow University in 1869, and remained closely connected with the Glasgow school all his life. After serving as resident at the Royal Infirmary, first on the medical and then on the surgical side, he was in 1870 appointed Superintendent of Belvidere Fever Hospital, and was thus early in his career associated with the movement, begun in 1865, to separate infectious from other diseases.

After a period of private practice, Macewen held appointment on the junior staff of the Royal Infirmary until in 1877 he became visiting surgeon, a post which he held for fifteen years. In 1892 he was appointed regius professor of surgery at the University and moved to the Western Infirmary.

Throughout his life Macewen devoted considerable thought and time to research in the development and growth of bone. His work revolutionised ideas of the manner in which bones are formed, and was of great practical importance in relation to the transplantation and reformation of the skull and long bones by operation.

During his student days Macewen had been a dresser in the wards of Lister. After at first practising the Listerian principles of antiseptic surgery, he had by 1880 passed a considerable distance beyond Lister into the regions of aseptic surgery. He had begun to boil gauze for dressings and swabs and had abolished bone and wooden handles for his instruments, instead of relying upon chemical antiseptic for their sterilisation. He was thus one of the earliest surgeons systematically to perform operations on modern aseptic lines, as opposed to the antiseptic methods largely retained by other surgeons for a further fifteen years.

By 1879 Macewen was teaching that, after an operation, if the temperature of the body remained about normal, and if there was immunity from pain and absence of discharge, the wound ought not to be touched for a fortnight, and at the end of that time the dressings might be removed, the wound having remained completely aseptic throughout. It is to Macewen particularly that surgery is indebted for this aseptic, as contrasted with antiseptic, procedure.

INSTRUMENT STERILISER, as designed and used by Macewen at the Royal Infirmary. Case 22, No. 1

CATHETER JAR, used by Macewen. Case 22, No. 2

GLASS CATGUT CONTAINER, used by Macewen. Case 22, No. 3

SMALLER GLASS CATGUT CONTAINER, used by Macewen. Case 22, No. 4

TREPHINE, one of Macewen's instruments. Case 22, No. 5

LAMINECTOMY SAW AND BLADES, used by Macewen. Case 22, No. 6

BOTTLE OF ANTI-TETANUS TOXIN, used by Macewen, who was the first to make this toxin. Case 22, No. 7

XII. OLD OPERATING THEATRE CASE 23

An attempt has been made to reconstruct the setting of an operating theatre as it might have appeared in a Glasgow infirmary in the 1890's, when surgery was under the influence of Sir William Macewen. The reconstruction is based upon the photograph showing Sir William Macewen and members of the Royal Infirmary staff in the Operating Theatre, off Ward 21, in 1892.

PHOTOGRAPH SHOWING SIR WILLIAM MACEWEN AND MEMBERS OF THE ROYAL INFIRMARY STAFF, in the Operating Theatre off Ward 21, in 1892. Case 23, No. 1

OPERATING TABLE, used by Macewen in the Western Infirmary. Case 23, No. 2

DRESSING STERILISER, as evolved and used by Macewen. Case 23, No. 3

RESIN HEATER. Case 23, No. 4

DOUCHE AND STAND, from the Royal Infirmary. Case 23, No. 5

SURGEON'S STOOL, used in Lister's Operating Theatre at the Royal Infirmary. Case 23, No. 6

WOODEN STOOL of a kind called a " Lister " stool at the Royal Infirmary Case 23, No. 7

XIII. WILLIAM AND JOHN HUNTER CASE 24

William Hunter was born at East Kilbride in 1718. He was apprenticed to Dr. William Cullen at Hamilton for a short time and then went to London, where he lived with Dr. James Douglas, the anatomist, and acted as tutor to his son. Later, he taught anatomy and founded the Windmill Street School of Anatomy. His collection of anatomical and other specimens, together with Dr. Fothergill's collection, now forms the Hunterian Museum of Glasgow.

William Hunter became London's leading obstetrician, and his best known work was an atlas of " The Anatomy of the Human Gravid Uterus." After an austere life of hard work, he died in 1783.

MICROSCOPE, used by Wm. Hunter. Case 24, No. 1

ENAMEL OF WILLIAM HUNTER, by G. M. Moser. Case 24, No. 2

THE ANATOMY OF THE HUMAN GRAVID UTERUS, by Wm. Hunter. Case 24, No. 3

MS. VOLUME, recording the list of books lent by Wm. Hunter, 1771-1781. Case 24, No. 4

John Hunter was the youngest of a family of eleven children, and at an early age showed an intense curiosity in natural history. In 1748, at the age of 20, he left Glasgow for London, where his elder brother, William, soon realised his skill at dissection.

Threatened with tuberculosis, he went to Portugal for four years as staff surgeon in Belle Isle. On his return he commenced researches in comparative anatomy and physiology on a vast scale. He raised surgery from the level of a technical accomplishment to that of a definite science and laid the foundations of surgical pathology. One of his most famous pupils was Edward Jenner, who discovered how to prevent smallpox by vaccination.

John Hunter worked incessantly on a wide range of natural history subjects from bees to whales, and collected 13,600 specimens for his famous museum which was at the Royal College of Surgeons, London. He died in 1793.

MS. NOTES ON JOHN HUNTER'S ESTABLISHMENT, at Earl's Court, London, 1792-1822, by Clift. Case 24, No. 5

MS. NOTES ON JOHN HUNTER'S LECTURES ON SURGERY. Case 24, No. 6

SET OF VACCINATION LANCETS, used by Dr. Edward Jenner, the pioneer of vaccination, who was John Hunter's pupil. Case 24, No. 7

XIV. WILLIAM CULLEN AND JOSEPH BLACK CASE 25

William Cullen was born at Hamilton in 1710. At the age of 17 he attended Glasgow University, and later Edinburgh University, where he took his M.D. degree.

He then returned to Hamilton, as medical attendant to the Duke and Duchess of Hamilton. His apprentice, William Hunter, subsequently became a celebrated physician.

In 1740, Cullen took his M.D. degree at Glasgow and soon established a teaching connection with the University, lecturing on the practice of medicine. Before long, his lectures included materia medica, botany and chemistry. A laboratory was especially equipped for him, and one of his chemistry students, Joseph Black, was later to make a name for himself in that field.

In 1751, Cullen was appointed professor of medicine at Glasgow University and in 1755, professor of chemistry at Edinburgh, where he died in 1790.

His chief claim to fame was his skill as a teacher and consultant, and, with Joseph Black, he can be credited with laying the foundation of the Glasgow School of Medicine.

MORTAR AND PESTLE, belonging to Cullen. Case 25, No. 1

TASSIE MEDALLION OF WILLIAM CULLEN. Case 25, No. 2

DIPLOMA OF WILLIAM CULLEN, as Doctor of Medicine of the University of Glasgow, September, 1740. Case 25, No. 3

PRESENTATION OF DR. WILLIAM CULLEN, to be Professor of Medicine in the University of Glasgow, 12th December, 1750. Case 25, No. 4

COMMISSION OF THE MAGISTRATES AND TOWN COUNCIL OF EDINBURGH in favour of Dr. Wm. Cullen, appointing him Professor of Medicine and Chymie in the University of Edinburgh, 28th July, 1756. Case 25, No. 5

Joseph Black was born at Bordeaux of Scottish parents in 1728. He studied medicine at Glasgow University and became a pupil in William Cullen's chemistry class.

In 1751, he went to Edinburgh, where his important discovery of carbon dioxide was embodied in the thesis which he submitted for his M.D. degree.

He returned to Glasgow in 1757, as professor of chemistry and medicine. In 1762 he discovered the principle of latent heat, which had a profound influence on the work of James Watt, the inventor of the steam engine.

Joseph Black succeeded William Cullen as professor of chemistry at Edinburgh in 1766, where he continued his research on latent heat. He may be termed the first scientific chemist as distinguished from the early medical chemists.

TASSIE MEDALLION OF JOSEPH BLACK. Case 25, No. 6

JOSEPH BLACK'S INAUGURAL THESIS ON "MAGNESIA ALBA," 1754. Case 25, No. 7

OBLIGATION BOOK, containing the signatures of Cullen and Black. Case 25, No. 8

XV. THE ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW CASES 26, 27, 28

Dr. A. L. GOODALL

The preface to this catalogue gives a short account of the origin and functions of this ancient corporation. It was founded by King James VI on 29th November, 1599, by a charter granted to Peter Lowe and Robert Hamiltone. Since then it has striven continuously for 350 years to protect the interests of the public in medical matters and

to achieve the highest standards of medical practice in the West of Scotland.

Peter Lowe was born about 1550 and was educated in France. He then spent thirty years of his life as a military surgeon in the numerous wars of the period. He returned to London in 1596 when he published his book on the Spanish Sickness. One year later appeared his great work, " The Whole Course of Surgery."

He appeared in Glasgow in 1598 when he was paid by the Town Council as a surgeon and when some peccadillo brought him before the Kirk for punishment.

In 1599 he approached the King, putting forward the evil state of medicine in Glasgow and was granted the charter whereby he with Robert Hamiltone and their successors, indwellers of our city of Glasgow were empowered to examine and license all professing the art of medicine. Other points of the charter concerned medico-legal matters, the oversight of drugs and the giving of gratuitous advice to the sick poor.

Lowe was a well educated man and probably had much of the culture of France. His beautifully embroidered gloves suggest that he was probably dressed more carefully than his Scots contemporaries. A copy of his will contained in the Commissariot of Glasgow shows that he died on 15th August, 1610. Hamilton died in 1629.

The first minute book of the Faculty starts with a resumé of the charter and then records the first meeting in 1602. The delay was due to Lowe's absence on a mission to France. From that time the records are complete except for the second volume covering the years 1681-1733 which was destroyed in a fire in the latter year.

The barbers were not included in the original charter, but the surgeons and barbers applied for a Seal of Cause in 1656 forming them into a city incorporation. This document had only a local jurisdiction and did not apply to the physicians who would have no dealings with untutored barbers. There now appear two bodies ; the Faculty of Physicians and Surgeons under the Royal Charter and the Incorporation of Surgeons and Barbers under the Seal of Cause. This arrangement was inconvenient and gave rise to much trouble and eventually the surgeons and barbers were disjoined in 1719 ; the surgeons went back to their original role with the physicians and the barbers became the Incorporation of Barbers.

The Faculty had many difficulties to surmount to obtain recognition of their lawful claims to be a licensing body, culminating in prolonged litigation with the University in the early 19th century. Eventually they obtained due recognition in the Medical Act of 1858 and have a representative on the General Medical Council.

Many famous names have been associated with the Faculty. Tobias Smollett was apprenticed to a member, John Gordon, who is believed to be the original Potion of " Roderick Random." William Smellie, who was born at Lanark and who became the greatest obstetrician of his day, was a member. Mrs. Maclehose, the " Clarinda " of Robert Burns, was a pensioner for many years as her father, Andrew Craig, was a member.

The founders of the Glasgow medical school, William Cullen and Joseph Black, both became presidents of the Faculty before going to Edinburgh to found that great medical centre.

John Moore, the dilettante physician, became president of the Faculty ; his fame is assured by the deeds of his son, Sir John Moore of Corunna. David Livingstone's medical qualification was licentiate of the Faculty and he was made an honorary Fellow in 1857. Sir Duncan McArthur, licentiate of the Faculty, was one of the two surgeons on board the "Victory" at the battle of Trafalgar, the other being William Beatty.

Lord Lister and Sir William Macewen, both dealt with elsewhere, were active Fellows.

Most of the medical charities of Glasgow were originated and served by Fellows of the Faculty. The earliest regular vaccination station in the British Isles was originated in 1801 by them.

Looking back over 350 years, we find a continued effort for all that is best in the medical tradition carried on in the West of Scotland by the corporation which became in 1910 the Royal Faculty of Physicians and Surgeons of Glasgow.

PICTURE OF PETER LOWE, photographically reproduced from his portrait in the Hall of the Royal Faculty. Case 26, No.1

PAIR OF GLOVES, belonging to Peter Lowe. Case 26, No. 2

"THE SPANISH SICKNES," by Peter Lowe, first edition, 1596. Case 26, No. 3

"THE WHOLE COURSE OF CHIRURGERIE," by Peter Lowe, first edition, 1597. Case 26, No. 4

PHOTOSTAT COPY OF THE TESTAMENT OF PETER LOWE. Case 26, No. 5

PHOTOSTAT COPY OF EIK TO THE TESTAMENT OF PETER LOWE. Case 26, No. 6

THE FIRST MINUTE BOOK OF THE FACULTY. Case 26, No. 7

THE SECOND MINUTE BOOK OF THE FACULTY, 1733-1757, containing MS. copy of the Charter of the Faculty. Case 26, No. 8

THE ORIGINAL SEAL OF CAUSE, 1656, establishing the Incorporation of Barbers of Glasgow. Case 26, No. 9

DECREE OF DECLARATOR, Faculty against Magistrates, 1691. Case 26, No. 10

FACULTY VACCINATION REGISTER, 1801; the earliest regular vaccination station in the British Isles was established by the Faculty. Case 26, No. 11

PHOTOGRAPH OF LORD LISTER. Case 27, No. 1

CASE OF SURGICAL INSTRUMENTS, used by Dr. William Beatty on board H.M.S. *Victory* at Trafalgar. Case 27, No. 2

SURGICAL INSTRUMENTS, belonging to Dr. David Livingstone. Case 27, No. 3

SET OF LITHOTOMY INSTRUMENTS, belonging to Dr. Ebenezer Watson. Case 27, No. 4

LITHOTRITE, belonging to Sir George H. B. Macleod. Case 27, No. 5

PHOTOGRAPH OF SIR HECTOR CLARE CAMERON. Case 28, No. 1

NOTES OF LECTURES ON THE DISEASES OF THE EYE, by William Mackenzie, 1824. Case 28, No. 2

CASE BOOK OF DR. ROBERT CLEGHORN. Case 28, No. 3

AUTOGRAPH LETTER OF SIR WILLIAM TENNANT GAIRDNER. Case 28, No. 4

THE GLASGOW MEDICAL JOURNAL, Vol. I, 1828. Case 28, No. 5

COUNCIL OF THE ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

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